



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**

EXAMPLE:

Yes ☒ No ☐

ORIGINAL OWNER / MANAGER APPLICATION

APPLICATION INFORMATION

I understand that only **one type of owner/manager** can be applied for with this form and that if I select more than one on this form that my application will NOT be processed and will be returned to me.

Yes ☐
No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

TYPE OF APPLICATION (CHECK ONLY ONE)

Description	Original Fee	+	Subscription Fee	=	Total
<input type="radio"/> Owner, Officer, Partner, Shareholder	\$50	+	\$5	=	\$55
<input type="radio"/> Owner, Officer, Partner, Shareholder / Manager	\$50	+	\$5	=	\$55
<input type="radio"/> Owner, Officer, Partner, Shareholder / Supervisor	\$50	+	\$5	=	\$55
<input type="radio"/> Manager Only	\$30	+	\$3	=	\$33
<input type="radio"/> Supervisor Only **	\$30	+	\$3	=	\$33

** Supervisor applicants must meet the requirements of Texas Occupations Code 1702.119 (c).

Note: If replacing a manager for a licensed company in the state of Texas, please refer to the link provided for additional instructions:
www.txdps.state.tx.us/psb/docs/InstrForReplacementMgr.pdf

APPLICANT INFORMATION

Company Name		Company License No.	
Applicant Social Security Number	- -	<input type="radio"/> TX Driver License <input type="radio"/> TX ID Card	DL/ID No.
Applicant Last Name	First Name	M.I.	Suffix (If Any)
Home Address			
City	State (2-Digit Code)	ZIP	Home Phone ()
Date of Birth (MM/DD/YYYY)	/ /	Place of Birth (CITY) (STATE) (COUNTRY)	
Gender Male <input type="radio"/> Female <input type="radio"/>	Eyes <input type="radio"/> 1. Blue <input type="radio"/> 2. Brown <input type="radio"/> 3. Gray <input type="radio"/> 4. Hazel <input type="radio"/> 5. Green <input type="radio"/> 6. Black		
Height Ft. In.	Hair <input type="radio"/> 1. Black <input type="radio"/> 2. Red <input type="radio"/> 3. Gray <input type="radio"/> 4. Brown <input type="radio"/> 5. Blonde <input type="radio"/> 6. Bald		
Weight Lbs.	Race <input type="radio"/> 1. White <input type="radio"/> 2. Black <input type="radio"/> 3. Spanish <input type="radio"/> 4. American Indian <input type="radio"/> 5. Asian <input type="radio"/> 6. Other		
List any alias you have used:			
Describe Your Duties:			

PAYMENT INFORMATION

I am submitting the appropriate fee(s) with this application **by mail**. Yes ☐ *If yes, a PSB-50 form **must** be submitted with this application.
(Note: Payment must be in the form of a cashier's check, money order or company check.) No ☐

I understand that all fees submitted to Private Security are **non-refundable**, are **not** transferable and that, in accordance with Administrative Rule 35.77, I will have **90 days** from the date the application is received by the Department to turn in all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. Yes ☐
No ☐

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)

Regarding submitting Fingerprints: (CHOOSE ONLY ONE)

- ☐ I am submitting two (2) classifiable, Board approved fingerprint cards along with the **\$25 FBI** classification fee.
- ☐ I submitted fingerprints electronically and am attaching my signed IBT FAST receipt as proof with this application.
- ☐ I am a **Peace Officer** (or **Retired Peace Officer**) alternatively submitting a PSB-49 (Peace Officer Fingerprint Waiver) form with this application, instead of FBI fingerprint cards.

Applicant Name	Social Security No. - -
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BACKGROUND INFORMATION										
1. Have you ever been convicted, in any jurisdiction, of a felony level offense?	Yes	<input type="radio"/>	* If yes , has it been LESS than ten (10) years since completing your sentence or probationary period?	Yes	<input type="radio"/>					
2. Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor?	Yes	<input type="radio"/>	* If yes , has it been LESS than five (5) years since completing your sentence or probationary period?	Yes	<input type="radio"/>					
3. Have you, within the past 5 years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense?	Yes	<input type="radio"/>				No	<input type="radio"/>			
4. Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor?				Yes	<input type="radio"/>			No	<input type="radio"/>	
5. Are you currently charged with a Class B misdemeanor?				Yes	<input type="radio"/>			No	<input type="radio"/>	
6. Have you ever been found by a court to be incompetent by reason of mental defect ?				Yes	<input type="radio"/>			No	<input type="radio"/>	
7. Were you discharged from the military ?	Yes	<input type="radio"/>	* If yes , have you received a dishonorable discharge, a bad conduct discharge, or other than honorable discharge, from Armed Forces?	Yes	<input type="radio"/>	* If yes, submit a copy of your DD-214				
8. Are you required to register as a sex offender , in the state of Texas or any other state?				Yes	<input type="radio"/>			No	<input type="radio"/>	
9. Federal law prohibits the Bureau from issuing a license to anyone who is ineligible to work in the U.S. Are you a non-citizen ?	Yes	<input type="radio"/>	* If yes , you must submit documentation of your federal employment authorization or a copy of your permanent resident card.							
10. I understand that, any pending charges or conviction referred to above require the submission of the appropriate court documentation , with this application. Failure to report an arrest or conviction, later found by a fingerprint search, may result in denial or revocation of a license based solely on the material misstatement of fact in this application.							Yes	<input type="radio"/>	No	<input type="radio"/>
11. I acknowledge that I have reviewed the eligibility criteria of Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371 and Administrative Rule §35.1. In addition I acknowledge that I have reviewed the disqualifying offenses listed in Administrative Rules 35.42 and 35.46.							Yes	<input type="radio"/>	No	<input type="radio"/>

TO BE FILLED IN BY QUALIFIED MANAGER, MANAGER'S DESIGNEE OR OWNER

EMPLOYER INFORMATION	
I hereby certify that the above applicant began employment in a position that requires this registration with my company on:	
Applicant's Date of Employment (MM/DD/YYYY) / /	
I am requesting that the above applicant be issued a registration with my company as my employee.	
Manager, Manager's Designee or Owner Printed Last Name	Printed First Name

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Applicant Signature _____ Date ____ / ____ / ____

Manager, Manager's Designee or Owner Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999